OTPE 4012

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4002-3473#389521

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Under the Paperwork	200000000000000000000000000000000000000	Application Number	10/62	_				
TRANSMITTA	Filing Date		July 25, 2003					
 	First Named Inventor	DRA	RAPEAU, Susan J.					
FORM		Art Unit	1653	1653				
(to be used for all correspondence after initial filing)		Examiner Name	ROOKE, Agnes Beata					
Total Number of Pages in this Submission		Attorney Docket Number	4002	4002-3473				
ENCLOSURES (check all that apply)								
□ Fee Transmittal Form	_ Dr	awing(s)			After Allowance Communication to TC			
☐ Fee Attached	│	censing-related Papers						
Credit Card Payment Form	_	etition			Appeal Communication to Board of Appeals and Interferences			
Amendment Response		ent to Double beauti		\boxtimes	Appeal Communication to TC			
After Final	ı —	Petition to Convert a Provisional Application		(Appeal Notice, Brief, Reply Brief)				
Affidavits/declaration(s)	_ D Po				Proprietary Information			
Extension of Time Request 2 mor		nange of Correspondence Addre	ess		Status Letter			
Express Abandonment Request		☐ Terminal Disclaimer			Return Receipt Postcard			
☐ Information Disclosure Statement		Request for Refund			Other Enclosure(s) (please identify			
☐ Certified Copy of Priority Documents		CD, Number of CD(s)			below):			
December to Missing Parts/Income	ote L							
Response to Missing Parts/Incomplete Application Remarks								
Response to Missing Parts under 37 CFR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name Woodard, Emha	dt, Moriarty	y, McNett & Henry LLP						
Signature Laureth a Sant								
Printed Name Kenneth A. Gandy								
Date March 7, 2006		Reg. No. 33,386						
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	<u> </u>	Complete if Known					
TET TO ANGLE TO THE	Application Number	10/626,571					
FEE TRANSMITTAL 🛴	Filing Date	June 25, 2003					
For FY 2006 MAR 0 9 2006	First Named Inventor	DRAPEAU, S					
12	Examiner Name	ROOKE, Agn	es Beata				
Applicant claims small entity status. See 37 CFR 77	Art Unit	1653					
TOTAL AMOUNT OF PAYMENT (\$) 950 Attorney Docket No. 4002-3473							
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)	Credit any overp	payments.					
under 37 CFR 1.16 and 1.17							
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authorization on PTO-2038. FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	E6 EVALUATION	TION FEES					
FILING FEES SEARCH FE Small Entity Sma		TION FEES Small Entity					
	e (\$) <u>Fee (\$)</u> 50 200	Fee (\$) 100	Fees Paid (\$)				
Design 200 100 100	50 130	65					
	50 160 50 600	80 300					
Provisional 200 100 0	0 0	0					
2. EXCESS CLAIM FEES							
	Foc (\$)	Small Entity	,				
<u>Fee Description</u> Each claim over 20 (including Reissues)	<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25					
Each independent claim over 3 (including Reissues) Multiple dependent claims	200 360	100 180					
Multiple dependent claims		ependent Claims	•				
Total Claims		Fee Paid (\$)					
-20 or HP =-20 x =0 HP = highest number of total claims paid for, if greater than 20	x	=0					
	•						
Independent Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP =-3 x =0							
HP = highest number of independent claims paid for, if greater than 3							
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), 							
the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37							
C.F.R. 1.16(s).							
Total Sheets Extra Sheets Number of each addition: -100 = /50 = (round up to	al 50 or fraction thereof a whole number)	<u>Fee (\$)</u> x	<u>Fee Paid (\$)</u> 0				
4. OTHER FEE(S)	,		Fee Paid (\$)				
Notice of Appeal (Large)	500						
Request for two-month extension of time (Large)			450				
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SUBMITTED BY 17							
	egistration No. ktorney/Agent) 33,386	Telephone	(317) 634-3456				
Name (Print/Type) Kenneth A. Gandy		Date	March 7, 2006				
CERTIFICATE OF MAILING OR TRANSMISSION							
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Name (Print/Type) Kenneth A. Candy							
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